



DIVISION OF MEDICAL SERVICES PROVIDER BULLETIN

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2006 HEALTH CARE PROCEDURE CODING SYSTEM (HCPCS)

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2006 HEALTH CARE PROCEDURE CODING SYSTEM

With the implementation of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Standards for Transactions and Code Sets, use of the appropriate medical code sets is required on health care claims.

Effective for dates of services on and after January 1, 2006, Missouri Medicaid will begin accepting the 2006 versions of the Current Procedural Terminology (CPT) and the Health Care Procedure Coding System (HCPCS) medical code sets. Providers will not be able to bill the 2006 versions of the code sets until January 15, 2006. Providers should reference the appendix of the CPT and HCPCS books for a summary of the additions, deletions and revisions. For dates of service prior to January 1, 2006, claims must be billed with the 2005 version of CPT and HCPCS codes and modifiers.

Copies of the 2006 versions of the CPT and HCPCS books may be purchased from your local medical bookstore.

For Missouri Medicaid coverage information, including fees and restrictions, please reference the Missouri Medicaid Fee Schedule at <http://dss.missouri.gov/dms/providers/pages/cptagree.htm>. Select the provider link; fee schedules; read through the License for Use of Physicians' Current Procedural Terminology and select accept; then follow the directions given on the DMS Price List Search.

Provider Bulletins are available on the DMS Website at <http://www.dss.mo.gov/dms/pages/bulletins.htm>. Bulletins will remain on the Published Bulletin site only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin site.

Missouri Medicaid News: Providers and other interested parties are urged to go to the DMS Website at <http://dss.missouri.gov/dms/subscribe/MedNewsSubscribe.htm> to subscribe to the list serve to receive automatic notifications of provider bulletins, provider manual updates, and other official Missouri Medicaid communications via e-mail.

MC+ Managed Care: The information contained in this bulletin applies to coverage for:

- MC+ Fee-for-Service
- Medicaid Fee-for-Service
- Services not included in MC+ Managed Care

Questions regarding MC+ Managed Care benefits should be directed to the patient's MC+ Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the red MC+ card or by calling the Interactive Voice Response (IVR) System at 573-635-8908 and using Option One.

Provider Communications Hotline
573-751-2896